2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

RILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name 1570 MADRUGA AVE, LTD.



Principal Place of Business

3211 PONCE DE LEON BLVD.

SUITE 202 CORAL GABLES, FL 33134 Mailing Address

PO BOX 331056

COCONUT GROVE, FL 33233



05/21/08=80130=003 | 1288.75

DO NOT WRITE IN THIS SPACE

01282008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 56-2431097

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINI, GREGORY T 2655 LE JEUNE ROAD, STE. 1101 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. 	or registered agent, or both, in the State of Florida - I am familiar with, and accep
SIGNATURE Squature, typed or printed name of registered agent and title if applicable	<u> </u>

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

	12	GENERAL PARTNER INFORMATION
	DOCUMENT # ·	L03000010002
	NAME	ACREI, LLC
	STREET ADDRESS	107 SARTO AVE.
L	CITY-ST-ZIP	CORAL GABLES, FL 33134
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate any that my signature shall have the same legal effect as if made under oath; that ham a General Partner of the limited partnership or the receiver or trustee empowered to procure this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Constantine J. Scurtis

2/19/08

Date

Daytime Phone #